



**State of Rhode Island, City of Pawtucket, City of Providence, & City of Woonsocket
Consolidated Homeless Fund Partnership**



Policies & Procedures Manual

Last Updated: Wednesday, January 16, 2013

Street, Shelter, Housing, & Social Service Programs

Refer to the IHSP Manual for Policies and Procedures for that Program.

Rhode Island Consolidated Homeless Fund Policies and Procedures Manual

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Consolidated Homeless Fund Program Overview

Program Overview

CONSOLIDATED HOMELESS FUND PARTNERSHIP

In 2012 the Emergency Solution Grant (ESG) Entitlement Cities of Pawtucket, Providence and Woonsocket joined with the State (Office of Housing and Community Development, Housing Resources Commission and Department of Human Services (in accordance w/ a OHCD MOA)) to create the Consolidated Homeless Fund Partnership. Through increased collaboration, more efficient and effective use of resources can be achieved.

The general goals/purposes of the Partnership are as follows:

- Reduce administrative burden on grantees, to allow more resources and time to be allocated to client services.
- Develop consistent policies and procedures across state and municipal boundaries to allow for more effective and efficient programs and services.
- Increase efficiency and reduce the duplication of administrative efforts across municipal and state units of government.

Program Intent

The Consolidated Homeless Fund is designed to be a part of the continuum of programs and assistance that works to prevent and reduce the number of homeless individuals and families in Rhode Island. This program will provide services, emergency assistance, housing, and shelter to these at-risk/homeless persons in order to quickly stabilize their housing situation and/or rapidly move them towards permanent housing.

The primary objectives of the Consolidated Homeless Fund are to:

- Help support the costs of operating and maintaining emergency shelters, transitional housing facilities, and Housing First Programs.
- Provide emergency assistance to individuals and families who are currently homeless or face imminent homelessness (financial assistance and housing stabilization services).
- Help support essential services that allow at-risk/homeless individuals and families to gain access to the resources they need to quickly stabilize their housing situation.
- Encourage and strengthen positive program outcomes. These may include, but are not limited to:
 - Increased program exits to permanent housing,
 - Increased client participation in mainstream resources,
 - Decreased length of shelter stays,
 - Elimination or reduction of repeated episodes of homelessness,
 - Increase income (employment and/or benefits) to clients, &
 - Decreased shelter program entries because of prevention or diversion efforts.

Program Philosophy

CHF funded programs are designed to follow a Housing First approach to ending Homelessness. A Housing First approach consists of three components:

- **Crisis intervention & Emergency Services:** Clients who have become homeless have immediate crisis needs that need to be addressed, including the provision of emergency shelter. There should be an early screening and assessment of the challenges and resources that will impact a housing stabilization plan.
- **Permanent housing services:** The provision of services to assist clients in accessing and sustaining housing. Providers work with the client to identify affordable units, access housing subsidies, and negotiate leases. Clients may require support to overcome barriers, such as poor tenant history, credit history and discrimination based on ethnicity, gender, family make-up and income source. Providers need to develop strategies to engage with landlords and community partners to help transition clients into permanent housing.
- **Case management services:** The provision of case management occurs to
 1. Identify service needs before the move into permanent housing; &
 2. Ensure clients have access to resources necessary to sustain permanent housing including:
 - Source of income through employment and/or public benefits (prior to or immediately after the move into permanent housing);
 - Case management (to help solve problems that may arise that threaten the clients' tenancy including difficulties sustaining housing);
 - Landlord/Tenant Education or Mediation; &
 - Connection with any other applicable community-based services (to meet long term support/service needs).

Definitions

- **Consolidated Plan** - A plan prepared in accordance with 24 CFR part 91. An approved consolidated plan means a consolidated plan that has been approved by HUD in accordance with 24 CFR part 91.
- **Continuum of Care Program (CoC)** - The Continuum of Care program is comprised of programs that offer housing and supportive services to formally homeless individuals and families. The components of the CoC Program are: permanent housing inclusive of permanent supportive housing and rapid re-housing, transitional housing and supportive services only programs.
- **Emergency shelter** - Any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.
- **Emergency Solutions Grants (ESG)** - The Emergency Solutions Grants (ESG) program builds upon the existing Emergency Shelter Grants program, but places a greater emphasis on helping people quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness (housing first). The key changes that reflect this new emphasis are the expansion of the homelessness prevention component of the program and the addition of a new rapid rehousing assistance component.
- **Homeless Management Information System (HMIS)** - the information system designated by the Continuum of Care to comply with the HUD's data collection, management, and reporting standards and used to collect client level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.
- **Private nonprofit organization** - a private nonprofit organization that is a secular or religious organization described in section 501(c) of the Internal Revenue Code of 1986 and which is exempt from taxation under subtitle A of the Code, has an accounting system and a voluntary board, and practices nondiscrimination in the provision of assistance. A private nonprofit organization does not include a governmental organization, such as a public housing agency or housing finance agency.
- **Program participant** - an individual or family who is assisted under CHF program.
- **Program Year** - Typically runs from June 1st to May 31st of any given year.
- **Subrecipient** - a unit of general purpose local government or private nonprofit organization to which a recipient makes available CHF funds.
- **Victim Service Provider** - a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

Consolidated Homeless Fund Program Policies

ELIGIBLE ACTIVITIES

There are three major categories of eligible activities under the Consolidated Homeless Fund:

Shelter/Housing Program Operation - Maintenance, operation, insurance, utilities, coordination, and provision of services related to:

- Emergency shelter,
- Transitional housing,
- Housing First programs,
- Winter Shelter, &
- Operation First Step Programs.

Essential Services ONLY for Literally Homeless Persons (Street or Shelter) - The provision of essential services related to emergency shelter or street outreach, **limited to the following:**

- | | |
|---|--------------------------------------|
| ▪ Case Management | ▪ Street Outreach and Engagement |
| ▪ Child Care | ▪ Legal Services |
| ▪ Education Services | ▪ Life Skills |
| ▪ Emergency Health Services (Street Outreach ONLY) | ▪ Mental Health Services |
| ▪ Emergency Mental Health Services (Street Outreach ONLY) | ▪ Outpatient Health Services |
| ▪ Employment Assistance and Job Training | ▪ Substance Abuse Treatment Services |
| | ▪ Transportation |

Intensive Housing Stabilization Program (IHSP) – The provision of emergency services to help individuals and families that are at risk-of homelessness or currently homeless to quickly stabilize their housing situation and transition to permanent housing. Refer to the IHSP manual for information on the operation of this program.

Ineligible Activities

The following costs and activities are not eligible under the Consolidated Homeless Fund:

- Depreciation, bad debts and late fees
- Recruitment, staff training, entertainment, conferences, and retreats
- Public relations or fundraising
- Any activities not explicitly detailed in this manual;
- Payment of client credit card or other consumer debt;
- Payment of client mortgage costs and mortgage arrears;
- Construction or rehabilitation (unless an award or written approval has been received from the CHF Partnership); &
- Cash assistance paid directly to participants.
- Tenant based rental and/or utility assistance (only allowed under IHSP)
- Support of administrative expenses, including but not limited to:
 - Administrative Personnel
 - Attendance of Conferences and Trainings
 - Space and other indirect costs associated with Administrative Personnel

Eligible Program Participants

Generally, there are five eligible populations identified for Consolidated Homeless Fund programs:

- Homeless as defined by HUD (Categories 1 – 4)
 1. Literally Homeless (Living on Street or in Emergency Shelter)
 2. Imminently homeless (within 14 days)
 3. Unaccompanied youth/families who meet other Federal homeless definition (must also meet additional criteria for HUD, similar to 2)
 4. Fleeing/attempting to flee Domestic Violence
- At risk of Homelessness as defined by HUD

However, eligible populations vary by program type. Refer to the chart below for a description of which Prior Living Situations are eligible for the different program types:

Program Type	ELIGIBLE Prior Living Locations								
	Street	Emergency Shelter	Transitional Shelter	Motel (Paid by non-profit)	Motel (Paid by Self)	Doubled Up	At risk of Entering Shelter	Domestic Violence Safe Home	Fleeing Domestic Violence
Emergency Shelter	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Operation First Step	Yes	Yes	No	Yes	No	No	No	Yes	Yes
Transitional Housing	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes
Street Outreach	Yes	No	No	No	No	No	No	No	No
IHSP - Shelter/Street	Yes	Yes	Yes	Yes	No	No	No	Yes	No
IHSP - Shelter Prevention	No	No	No	Yes	Yes	Yes	Yes	No	Yes
Essential Services (Case Management, etc)	Yes	Yes	No	Yes	No	No	No	Yes	Yes
Permanent Supportive Housing	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes

Within the activity types eligible under the Consolidated Homeless Fund, there shall be additional participant eligibility criteria and recordkeeping requirements. These requirements are described in the “Recordkeeping” section in this document.

Consolidated Homeless Fund Recordkeeping Policies

Recordkeeping

Records for each individual or household receiving services under a CHF funded program must be completed and followed in accordance with the System-Wide Recordkeeping Checklist (attached to this document).

Each program must maintain two types of documentation:

- Demographic Records (Documentation illustrating Name, DOB, Housing Status, Income, etc.)
- Service Records (Documentation illustrating provision of services, may include case notes, case plans, “sign-up” sheets, bed lists, etc)

CHF Funded Providers are responsible for verifying and documenting the eligibility of all CHF clients prior to providing CHF shelter and/or assistance. They are also responsible for maintaining this documentation in the participant case file. CHF Providers with insufficient case file documentation may be found out of compliance with CHF program regulations during a State, City, or HUD monitoring.

It is important for CHF Funded Providers to develop policies and procedures to ensure appropriate documentation is obtained and included in clients’ files.

In accordance with 24 CFR 576.401 (a) CHF Providers must conduct an initial evaluation to determine the eligibility of each individual or family’s eligibility for CHF assistance and the amount and types of assistance the individual or family needs to regain stability in permanent housing.

These evaluations must be conducted in accordance with Rhode Island’s coordinated access and assessment process.

Demographic Recordkeeping

Required Documentation for each Person/Household -

- Intake Form (Details Name, DOB, Gender, Race, Ethnicity, Disabilities, Domestic Violence (Y/N), & Veteran Status for every household member)
- Housing Status (Proof of homelessness, stay at shelter, etc)
- Income & Non-Cash Benefits (Pay stub, self-declaration of no income, etc)
- HMIS Release
- Self Sufficiency Matrix (maybe in HMIS and not paper file)

Periods of Collection –

- Must be minimally collected and recorded at program entry & exit (or whenever a change occurs).

Housing Status Documentation

One of the below documents MUST be kept in the client/household file. If there are more than one members in a household, the documentation may be done for the whole household (do not need one for each Adult, as is the case with income documentation).

Third party documentation is preferred whenever possible.

Documentation Options by Prior Residence Types –

Prior Destination	Housing Status Documentation Options
Emergency Shelter/Safe Home/Transitional Housing	<ol style="list-style-type: none"> 1. 3rd Party Verification of Homelessness (signed by shelter where client is entering) 2. HMIS Shelter Stay Record 3. Self-Declaration of Homelessness by individual seeking assistance.
Street	<ol style="list-style-type: none"> 1. 3rd Party Verification of Homelessness by Street Outreach Worker 2. HMIS Record of Street Outreach; 3. Written referral by another housing or service provider; or 4. Self-Declaration of Homelessness by individual seeking assistance.
Doubled-Up	<ol style="list-style-type: none"> 1. Signed Letter from Family/Friend Indicating they can no longer stay, 2. Court Order or Restraining Order, 3. Self-Declaration of Homelessness by individual seeking assistance
Eviction	<ol style="list-style-type: none"> 1. Court/Eviction Papers, or 2. Self-Declaration of Homelessness by individual seeking assistance.
Fleeing Domestic Violence	<ol style="list-style-type: none"> 1. Police report, restraining order, 2. Signed letter from household describing situation, or 3. Self-Declaration of Homelessness by individual seeking assistance.
Institution	<ol style="list-style-type: none"> 1. Discharge Paperwork, 2. Written referral by institution, or 3. Self-Declaration of Homelessness by individual seeking assistance

Income Documentation

When determining the annual income of an individual or family, the CHF Provider must use the standard for calculating annual income under 24 CFR 5.609. These regulations are summarized in the following pages and charts.

ALL CHF Providers are required to document the income of (including shelters and Service Only programs):

- ALL Adults (persons 18 and over) MUST have documentation of income (even if there is no income).
- One or more of the below documents MUST be kept in the client/household file.
- If there are more than one ADULT in a household, documentation must be provided for each ADULT household member.
- If an adult has more than one income source or job, each source of income should have its own documentation (i.e. paystubs for employment & RIW benefit letter for Jane Smith).

Documentation Options by Income Types –

Income Source	Include in Income Calculation?	3rd Party	Oral Verification	Self-Declaration
No Income Reported	Yes GROSS PAY (Not Net Pay)	Copy of Social Security Statement obtained through http://www.socialsecurity.gov/mystatement/ AND Signed DECLARATION OF NO INCOME FORM	n/a	Client Completes Self Declaration of NO Income Form
Wages & Salary	Yes GROSS PAY (Not Net Pay)	Copy of Recent Paystubs OR Signed Letter from Employer (including gross pay amount, frequency, average hours, & contact information)	Staff Contacts Employer and Completes Oral Verification of Income Form	Client Completes Self Declaration of Income Form

Income Source	Include in Income Calculation?	3rd Party	Oral Verification	Self-Declaration
Self Employment/Business Income	Yes Net Income (Not Gross Pay)	Copy of most recent federal or state tax return showing net business income	N/A	Client Completes Self Declaration of Income Form
Interest and Dividend Income	Yes GROSS PAY (Not Net Pay)	Copy of most recent interest or dividend income statement OR Copy of most recent federal or state tax return showing interest, dividend or other net income	N/A	Client Completes Self Declaration of Income Form
Pension/Retirement Income	Yes GROSS PAY (Not Net Pay)	Copy of most recent payment statement or benefit notice from Social Security Administration (SSA), pension provider, or other source	Staff Contacts Benefit Provider and Completes Oral Verification of Income Form	Client Completes Self Declaration of Income Form
Unemployment and Disability Income	Yes GROSS PAY (Not Net Pay)	Copy of most recent unemployment, worker's compensation, SSI, SSDI, or severance payment statement or benefit notice	Staff Contacts Benefit Provider and Completes Oral Verification of Income Form	Client Completes Self Declaration of Income Form
RI Works/FIP/TANF/Public Assistance	Yes GROSS PAY (Not Net Pay)	Copy of most recent welfare payment statement or benefit notice	Staff Contacts Benefit Provider and Completes Oral Verification of Income Form	Client Completes Self Declaration of Income Form
Alimony, Child Support, Foster Care Payments	Yes GROSS PAY (Not Net Pay)	Copy of most recent alimony, foster care, child support or other contributions or gift payment statements, notice, or order	Staff Contacts Family Member and/or Benefit Provider and Completes Oral Verification of Income Form	Client Completes Self Declaration of Income Form
Armed Forces Income	Yes GROSS PAY (Not Net Pay)	Copy of pay stubs, payment statement, or other government issued statement indicating income amount	Staff Contacts Benefit Provider and Completes Oral Verification of Income Form	Client Completes Self Declaration of Income Form

Income Exclusions by Income Types –

This table presents CHF income exclusions. The following types of income are not counted when calculating gross income for purposes of determining CHF eligibility and documentation:

General Category	Description
1. Income of Children	Income from employment of children (including foster children) under the age of 18 years.
2. Inheritance and Insurance Income	Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in Pension/Retirement Income).
3. Medical Expense Reimbursements	Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.
4. Income of Live-in Aides	Income of a live-in aide (as defined in 24 CFR 5.403).
5. Disabled Persons (ONLY in HOME Properties)	Certain increases in income of a disabled member of qualified families residing in HOME-assisted housing or receiving HOME tenant-based rental assistance (24 CFR 5.671(a)).
6. Student Financial Aid	The full amount of student financial assistance paid directly to the student or to the educational institution.
7. Armed Forces Hostile Fire Pay	The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
8. Self-Sufficiency Program Income	a. Amounts received under training programs funded by HUD.
	b. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).
	c. Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and which are made solely to allow participation in a specific program.
	d. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time.
	e. Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program.

General Category	Description
9. Other Non Recurring Income	Temporary, nonrecurring, or sporadic income (including gifts). Sporadic wages or employment income should be included in the income calculation.
10. Reparations	Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era.
11. Income from Full-time Students	Annual earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse).
12. Adoption Assistance	Adoption assistance payments in excess of \$480 annually per adopted child.
13. Deferred/Lump Sum Social Security & SSI Income	Deferred periodic amounts from SSI and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts.
14. Income Tax and Property Tax Refunds	Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit.
15. Home Care Assistance	Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep this developmentally disabled family member at home.
16. Other Federal Exclusions Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions of 24 CFR 5.609(c) apply, including: <ul style="list-style-type: none"> • The value of the allotment made under the Food Stamp Act of 1977; • Payments received under the Domestic Volunteer Service Act of 1973 (employment through VISTA, Retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions); • Payments received under the Alaskan Native Claims Settlement Act; • Income derived from the disposition of funds to the Grand River Band of Ottawa Indians; • Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes; • Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program; • Payments received under the Maine Indian Claims Settlement Act of 1980 (25 U.S.C. 1721); • The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court and the interests of individual Indians in trust or restricted lands, including the first \$2,000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands; • Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal workstudy program or under the Bureau of Indian Affairs student assistance programs; • Payments received from programs funded under Title V of the Older Americans Act of 1985 (Green Thumb, Senior Aides, Older American Community Service Employment Program); • Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.); • Earned income tax credit refund payments received on or after January 1, 1991, including advanced earned income credit payments; • The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990; • Payments received under programs funded in whole or in part under the Job Training Partnership Act (employment and training programs for Native Americans and migrant and seasonal farm workers, Job Corps, state job training programs and career intern programs, AmeriCorps); • Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation; • Allowances, earnings, and payments to AmeriCorps participants under the National and Community Service Act of 1990; • Any allowance paid under the provisions of 38 U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran; • Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act; and • Allowances, earnings, and payments to individuals participating in programs under the Workforce Investment Act of 1998. 	

Recordkeeping of Mainstream Resource Evaluation/Referrals

Every client served in a CHF funded program must be connected to applicable mainstream resources. CHF Providers must record these referrals and services to document compliance. In accordance with 24 CFR 576.401 (d), CHF Providers must assist each program participant, as needed, to obtain:

- (1) Appropriate supportive services, including assistance in obtaining permanent housing, medical health treatment, mental health treatment, counseling, supervision, and other services essential for achieving independent living; and
- (2) Other Federal, State, local, and private assistance available to assist the program participant in obtaining housing stability, including:
 - Medicaid (42 CFR chapter IV, subchapter C);
 - Supplemental Nutrition Assistance Program (7 CFR parts 271–283);
 - Women, Infants and Children (WIC) (7 CFR part 246);
 - Federal-State Unemployment Insurance Program (20 CFR parts 601–603, 606, 609, 614–617, 625, 640, 650);
 - Social Security Disability Insurance (SSDI) (20 CFR part 404);
 - Supplemental Security Income (SSI) (20 CFR part 416);
 - Child and Adult Care Food Program (42 U.S.C. 1766(t) (7 CFR part 226));
 - Other assistance available under the programs listed in § 576.400(c).

Recordkeeping of Services Provided

Documentation of Services provided will vary by program type and agency. Minimally there should be a record in a paper file or in HMIS illustrating any services provided (shelter, case management, etc).

The recordkeeping requirements apply ONLY to activities funded by CHF.

Below are documentation options by service type:

Service Provided	Documentation Options	Can Document in Paper File?	Can Document in HMIS File?
Shelter Bed Stay	Bed List showing Client Name, Date, & Bed Number	Only Allowed for DV Providers	Required for all non-DV Providers
Transitional Housing Bed Stay	Bed List showing Client Name, Date, & Bed/Unit Number	Only Allowed for DV Providers	Required for all non-DV Providers
Housing First Bed Stay	Bed List showing Client Name, Date, & Bed/Unit Number	Only Allowed for DV Providers	Required for all non-DV Providers
Essential Services (provided by CHF Funded Shelter to Shelter Residents)	Service Transaction and/or Case Notes showing staff name, client name, date(s) of services, and description of services provided.	Allowed for All Providers	Allowed for All Providers
Essential Services (provided through service only grants, not associated with a shelter)	Service Transaction and/or Case Notes showing staff name, client name, date(s) of services, and description of services provided.	Only Allowed for DV Providers	Required for all non-DV Providers

Essential Services most commonly include:*

- Case Management/Triage
- Bus Passes/RIPTIKs
- Mental Health Services
- Street Outreach

For a full list of eligible activities, review the Social Service Program Policies Section of this Document.

When documenting service records staff should ensure that the agency is also in compliance with federal and state regulations (i.e. not providing a service that is ineligible under the grant). Applicable regulations include those outlined in this document and including, but not limited to the following:

- For Street Outreach – 24 CFR 576.101
- For Shelter – 24 CFR 576.102
- For IHSP – 24 CFR 576.103 – 576.106, & 24 CFR 576.402
- For All Programs –
 - Termination of Assistance Requirements 24 CFR 576.402
 - Provision of Appropriate Services 24 CFR 576.401

These regulations are further explained in the CHF Policies by Program Type section of this document.

Consolidated Homeless Fund

General Service Standards

Anti-Discrimination Policies

CHF Providers are prohibited from using any of the following as a basis for denying any individuals admission into a CHF-Funded Program:

- Age (40 and over)
- Disability Status (Including prior Alcohol & Illegal Substance Addictions)
- Ethnicity
- DOMESTIC VIOLENCE/FAMILY SHELTERS ONLY - Familial Status (must be made available without regard to actual or perceived sexual orientation, gender identity, or marital status)
- Gender
- Gender Identity
- Language(s) Spoken
- Literacy
- National Origin
- Race/Color
- Religion/Creed
- Sexual Orientation
- Veteran Status

Additionally CHF Providers serving families are prohibited from using the age of a child (under 18) as a basis for denying any family's admission (including both male and female children).

Intake Procedures:

The intake questioning of all prospective clients must be administered to all people consistently and equally, regardless of disability or other personal characteristics.

- CHF providers must refrain from asking questions about disabilities & other protected information during the intake process until it has been made clear to the guest(s) that they have been admitted into the program.
- After the initial intake process is complete, staff shall inform each guest that answering the HMIS questions is voluntary and that any information gathered is for HMIS purposes only and will not affect their ability to stay in the shelter/use the program.
- After an applicant has been approved for admittance into the program (if the program offers case management), it is permissible to ask the person about disability and other health-related issues. It is a good practice to have the post-acceptance questioning regarding disability and other supportive service needs conducted by a supportive services staff member instead of a housing management staff member.

Reasonable Accommodations/Modifications:

A reasonable accommodation is a change in rules, policies or procedures to help people with disabilities access housing or housing-related services.

- For example, a rental office that generally provides standard, printed rental applications could, as a reasonable accommodation to a person with a visual disability, provide a Braille version of the application, or provide assistance in filling it out.

Fair housing laws require housing and shelter providers to consider requests for accommodations by applicants, residents, and in some limited instances, former residents.

- Housing providers cannot charge money for providing a reasonable accommodation.
- There is no limit to the number of reasonable accommodation requests a person with a disability may make.

However, if providing the requested accommodation would pose an undue financial or administrative burden on the shelter or housing provider, or if it would fundamentally alter the nature of the program, the request is not “reasonable” and does not need to be granted.

If a prospective person/household has requested a reasonable accommodation or modification, CHF provider may ask for verification of the disability and may also request assurances from the person’s healthcare worker or case manager.

A request for a reasonable accommodation shall be granted if the following conditions are met:

- The person requesting it has a disability as defined by fair housing laws,
- The requested accommodation is necessary to afford the person an equal opportunity to use and enjoy the dwelling and related services,
- Complying with the request poses neither an undue administrative nor financial burden on the housing provider or program, and
- Complying with the request will not fundamentally alter the nature of the program.

Provision of Services:

Recommending certain other programs to a person/household because they have a disability is called steering, and it is just as illegal as telling people of a certain race that they might be more comfortable in another part of town.

Serving Unique Populations:

Criminal History –

- It is permissible to inquire about a person’s criminal convictions as long as all applicants are asked the same question or questions. It is important, however, that a housing provider reject an applicant for a criminal record only if the provider uniformly rejects all applicants with the same criminal history (except in those cases in which a reasonable accommodation has been granted).

- Otherwise, the housing provider is open to the accusation that the rejection is actually due to illegal discrimination on some prohibited basis, such as disability or ethnicity, and that the criminal record is just a pretext.

Substance Abuse –

- Alcoholism and past illicit drug use are considered disabilities under fair housing laws and are not a basis upon which to deny a person housing and/or shelter.
- Current illicit drug use and criminal history are legitimate grounds on which to deny housing/shelter.
- CHF Providers are prohibited from asking a prospective person/household if they have history of either alcohol abuse or illegal drug use during intake.
- If information about past alcohol abuse or illegal drug use comes to light as the result of an applicant explaining a past incident of criminal history or poor tenant history, the prospective client shall be given an opportunity to explain why such an incident is unlikely to recur (such as she is no longer using drugs or alcohol).
- HOWEVER, keep in mind that asking an applicant with a history of past drug or alcohol abuse to prove that he is not still using is illegal. Fair housing laws prohibit questions about treatment or requests for verification that a person is no longer using.
- Furthermore, stereotypes about people with disabilities (such as “once a user, always a user”) must not be used to make decisions about access to shelter/housing.
- Current illegal drug use is a permissible topic about which a CHF provider may question a prospective client, but only if the same question is posed to each prospective client.
- This is because current illegal drug use is not a protected disability under fair housing laws. However, CHF providers cannot single out certain individuals for questions about current illegal drug use.
- A CHF Provider may not inquire into current alcohol use unless the program has a clean and sober requirement. Programs with a sober living requirement may ONLY ask about current alcohol and drug use, during intake.
- The law treats active alcoholism and drug abuse very differently:
 - Alcoholism is considered a protected disability, and it is not a basis to exclude a person from housing. That said, a program with a clean and sober requirement may demand that its residents not drink (i.e., alcoholics must be in recovery).
 - Current illegal drug abuse, however, is not considered a disability. Therefore, it is legal to deny someone housing on the basis of his current illicit drug use, even if he is an addict.
 - However, fair housing laws do protect *former* drug addicts, so housing should never be denied to a person on account of his status as a former drug addict.

- Current illegal use of drugs:
 - Illegal use of drugs that occurred recently enough to justify a reasonable belief that a person's drug use is current or that continuous use is a real or ongoing problem.
 - It is determined on a case-by-case basis.
 - The law is reasonably clear that someone who has used drugs as recently as six weeks ago is a current user and someone who hasn't used for at least a year is not a current user.
 - When the last drug use took place more than six weeks ago and less than a year ago, however, the law is not clear as to whether it should be considered current or past use.
 - Factors that would justify a reasonable belief that the drug use is not current include whether the person is currently in recovery (for example, actively participating in an addiction recovery program) and whether the person voluntarily sought treatment.

HIV/AIDS -

- Because fair housing laws recognize HIV-positive status as a disability, any kind of discrimination against people with HIV or violation of their right to confidentiality is illegal.
- While you may be aware of one or more HIV-positive individuals, there could also be other individuals with HIV in your program. To prevent the spread of HIV, universal precautions against transmission should be taken at all times.
- Universal precautions are procedures used to handle the blood, body fluids, open skin or mucous membranes (e.g. inside of the mouth or nose) of all individuals, regardless of whether they are known to have HIV or hepatitis. Such precautions allow the isolation of potentially harmful fluids, without isolating individuals.
- Universal precautions include:
 - Treating all blood and body fluids as if they are infected with HIV or hepatitis,
 - Wearing latex gloves when touching blood or body fluids,
 - Using bleach to clean up any blood spillages,
 - Washing hands with soap and running water after removal of gloves, and
 - Disposing of latex gloves by rolling them up and placing them in plastic bags.
 Universal precautions can be posted above sinks and in other locations in shelters for all staff and residents to follow.
- Ask a local AIDS service organization or contact the federal Centers for Disease Control for more detailed information or pamphlets about universal precautions.

Training and Staffing Policies

CHF Programs will have sufficient trained staff (either paid or volunteer) on-site and/or available during all hours in which clients occupy the premises.

CHF Programs will work to train staff whenever possible on:

- Infection control policy and procedures
- First aid
- CPR

CHF Programs shall provide direct line staff with training and/or materials regarding:

- Emergency procedures for medical/psychiatric crises
- Emergency procedures for natural disasters
- Referral procedures to relevant community resources
- Ethical Standards (Confidentiality, etc)
- Other training relevant to the work to be performed

CHF Programs shall have written standards for ethical conduct of staff, which include but are not limited to:

Confidentiality

- Respect for clients
- Prohibition of borrowing and lending of money
- Prohibition of sexual contact and exploitation
- Prohibition of drug or alcohol use

The shelter will provide appropriate professional supervision to all paid staff and volunteers on a regular basis. Direct supervision shall be provided for all interns and new staff, either paid or volunteer, with periodic evaluations of their performance.

Resident Rights and Responsibilities

The CHF Programs will promote mutual respect among staff and clients, ensuring that the following client rights and responsibilities are upheld:

- Clients will be protected from threats or intimidation by staff or other program participants.
- Shelter residents will not be denied access to their own medications and/or appropriate medical treatment.
- Shelters and residential programs will develop and implement a set of house rules and resident rights and responsibilities regarding daily operations.

- These standard house rules/guidelines shall include but are not limited to requirements for:
 - Resident's participation,
 - Safety and security procedures,
 - Use of drugs and alcohol,
 - Curfews, and
 - Statement of the shelter's non-violence policy.
- Upon admission into the program, these rules shall be reviewed with all clients and a written copy must be provided. They must also be conspicuously posted.
- If an individual arrives at the shelter in a state of intoxication that may endanger the safety of that person or others, shelter staff will call Medical Rescue, and the Emergency Personnel will determine whether the individual is in need of medical attention.
- If program fees are charged, the fee will not be higher 30% of the resident's income. This provision will not be construed to prevent savings plans at higher percentages if funds are returned to residents upon exit.

Case Management

Shelters and residential programs will provide case management services to clients, or insure that clients have access to these services through another agency, while ensuring the following is accomplished:

- The shelter will develop and implement a set of written policies and procedures that clearly delineate the provision of case management services to include what specific services are to be provided, how they are to be provided, and by whom.
- Information about how to access all case management services will be posted conspicuously in each facility.
- CHF Programs will post information designed to help residents access public assistance, job search, housing, health, mental health and substance abuse treatment, and food/soup kitchen resources.
- Programs will maintain confidential records to document services and referrals provided to each resident.

Food and Nutrition Policies

- Homeless service entities providing food services will comply with all applicable laws and regulations.
- Facilities will develop and implement guidelines for safe food storage, preparation, and clean up of all food preparation areas.
- Facilities should ensure that meals provide adequate nutrition, following the current USDA MyPlate & Food Pyramid (<http://fnic.nal.usda.gov/dietary-guidance/myplatefood-pyramid-resources/usda-myplate-food-pyramid-resources>).

Health and Safety Policies

- The facility shall comply with applicable local/state zoning, building, electrical, plumbing, fire, environmental, health and safety codes.
- The facility shall utilize spaces in which furniture, appliances, heating/cooling units, walls, floors, roof, windows, lighting and plumbing are safe and fit for their intended purpose.
- The facility will be clean and in good repair. Facilities will provide an environment free from all pests.
- Shelters will provide a bed, mat or crib for each guest except in extenuating “overflow” conditions and based on size and/or type of shelter. The shelter will provide and maintain safe sleeping areas.
- All beds, cots and cribs will meet current safety standards and be in good working condition.
- The shelter will provide and maintain clean and safe restroom facilities to include toilets, sinks and showers/bathtubs.
- The shelter will make provision for clean linens and towels for each client.
- Facilities and programs will refer all clients who are unable to be served to other agencies.

Emergency Preparedness

- The shelter will provide for safety and security including the development and maintenance of an emergency manual which outlines:
 - Emergency procedures for disaster and/or violence related evacuation;
 - Accountability for all persons in case of an emergency;
 - Emergency procedures for communicable diseases;
 - Procedures for individual emergencies including health or mental health emergencies;
 - Emergency contacts and phone numbers;
 - Location of utility shutoff sites such as water, electric and gas.
- Regular safety inspections and evacuation drills shall be conducted.

Opening and Closing Times

- Shelters not operating on a 24-hour basis will create and implement a policy for extension of their operating hours during inclement weather and during designated emergency situations including, but not limited to:
 - Severe weather,
 - Natural disasters, &
 - Other such situations as designated by governmental authorities.
- Shelter policies will allow residents who are employed to leave for and return from work without penalty.

Standards for Banning Clients

Definitions

- **Suspension:** A "*suspension*" is defined here as an action whereby a homeless service provider restricts shelter and/or services to a client for up to three (3) days. A referral to an alternative, equivalent service provider shall be made, if feasible; or a record of why the referral was not possible shall be kept.
- **Ban:** A "*ban*" is defined here as an action whereby a homeless service provider refuses shelter and/or services to a client for more than three (3) days.

A service provider has the right and responsibility to protect the safety of their staff and clients and may resolve a hazardous situation as they see fit. In extreme cases, such as physical violence or the use of a weapon, etc., it is clearly understood that any of the agency's authorized staff may choose to suspend a client for cause. During that time, a ban may or may not be considered.

Disciplinary action shall be proportional to the infraction. A ban shall be used in only the most intractable of circumstances because of the devastating effect loss of services has on a client.

Each agency shall designate those staff authorized to ban a client, preferably those with social service and conflict management skills. The agency shall have a goal of objectivity in the process and utilize bans only as a last resort.

Policies and Procedures regarding the banning process shall:

- Be developed and standardized within each program;
- Be put into writing so that it's easily understandable to clients;
- Be conspicuously posted and periodically communicated to both frontline staff and to clients;
- Include an appeals process. If a client is banned, they shall have the right to appeal to a senior authority at the agency; and
- Incorporate the Grievance Procedure (see "Program Assurances," Section H.).

If a ban is to be imposed, the agencies shall make every attempt to communicate the following to the client in writing.

- The reason for the ban;
- The duration of the ban;
- Any conditions or stipulations imposed;
- A referral to an alternative service provider, if feasible;
- (The agency shall make every attempt to find the client an available alternative agency that provides equivalent services, or keep a record of why the referral was not possible.)
- A description of the agency's appeals process; and
- A copy of the Grievance Procedures ("Program Assurances," Section H).

(Since there is a grievance process in the Program Assurances section of every agency's contract with the State, the client shall be notified that they have a right to file a grievance with the Office of Homelessness of the Housing Resources Commission if they believe they have been treated unjustly.)

Records: For each banning incident, confidential standardized records shall be kept. Cumulative/Aggregate information on incidents shall be periodically reported to the Office of Homeless Services and Emergency Assistance so that trends can be tracked, and the efficacy of any new standards can be evaluated. This also is needed to evaluate the effectiveness of any new attempt to provide services to an ostensibly hard to serve population.

Time Limit: Any person who is banned for more than a six month period may file an appeal with the agency six months from the date of his or her discharge and again every six months after that.

The above Suspension and Banning Standards are distinguished from an agency's right and responsibility to discharge clients due to completion of program and/or non-compliance with program requirements.

Grievance Procedures

Client rights and responsibilities will include a mechanism for residents to present suggestions or grievances. The grievance procedure shall include provisions for appeal, limited to the provisions of these Program Assurances.

The External Review Committee (ERC) will accept and review grievances from consumers regarding CHF programs. Depending on the outcome, recommendations for corrective actions may be transmitted to providers and their funding agency(ies). A grievance is a formal complaint or allegation against a provider agency which is covered by the Office of Homelessness' Shelter Assurances and/or any staff members and/or volunteer associated with such a provider agency.

The membership of the External Review Committee shall be equally weighted:

<u>#Categories</u>	,
2Representatives of persons experiencing homelessness/formerly homeless	
2Representatives of homeless providers/agencies	
1Representative of a State agency* (with alternate)	

*The State agency representative will serve as Chair of the committee.

The Chair of the committee will be appointed by the Housing Resources Commission Chair. Members of the committee will be solicited through an open process and ultimately selected/appointed by the Chair of the ERC. The Chair and all members of the ERC will serve at the discretion of the HRC Chair. The ERC will, however, operate and development/implement recommendations independent of the HRC and its Chair.

No member of the ERC may participate in the process if an actual or perceived conflict exists. An example may include any person who has a professional/personal relationship with an individual submitting the complaint and/or the agency (or staff of the agency) against whom the complaint is filed.

No meeting can be held without at least one representative in each of the above categories.

On issues requiring a vote, each category will be given one vote. Decisions will be made by simple majority.

Process Outline:

Initial: There should be an attempt to resolve issues at the agency level (internal process) prior to initiating a formal grievance with the ERC. Agencies will be required to develop specific procedures to follow in efforts to resolve matters, including key contact information when applicable. The State will provide template documents (including a standardized grievance form) for such instances. Guidelines should be readily available to clients and known to program staff. Agencies typically resolve informal issues on a daily basis. Generally, if a matter has been formalized through a written complaint, the response/resolution should also be formalized.

- **Step #1:** Any person wishing to file a grievance must complete the standardized Grievance Form and submit such to the External Review Committee c/o Darlene Price, Housing Resources Commission, One Capitol Hill - 3rd Floor, Providence, R.I. 02908. Individual needing assistance in completing this form and throughout the process may consult homeless advocacy organization (Point of contact: RI Coalition for the Homeless).
- **Step #2:** Grievances will be forwarded to the provider agency for response. Grievances will also immediately be forwarded to ERC members for consideration. Written agency responses will be required within two weeks. An agency's response may include actions the agency has taken to correct the issue. An agency's response, or lack of response within two weeks, will be provided to the ERC members.
- **Step #3:** Grievances and Provider responses will be forwarded to the ERC for consideration. The ERC will determine if a hearing is necessary. This conclusion will be made based upon an analysis of the written documentation and may be voted upon using electronic means (phone, email).
- **Step #4:** If no hearing is necessary, the conclusions of the ERC will be communicated to the party filing the grievance and the subject agency. Within 30 days, the case may be re-opened by the ERC if either party has been unable to comply with the recommendations of the committee. In such cases, a hearing may be scheduled.

If a hearing is necessary, it will be scheduled so that all parties (person filing grievance, provider agency, ERC membership) can participate. Once again, individuals needing assistance in this process may consult homeless advocacy organization (Point of contact: RI Coalition for the Homeless).

- **Step #5:** When necessary, a hearing will be conducted:

Parties may be heard separately or a joint hearing may be held depending upon the specific circumstances. The person filing the Grievance Form will be heard first if possible. All witnesses (participants, including advocates assisting the person filing the grievance) in the hearing process must be disclosed in advance of the meeting.

- **Step #6:** The ERC will determine the response to the grievance filed. ERC response will be forwarded to the person filing the grievance, the provider agency and any funder determined appropriate.

Persons filing grievances for multiple reasons, related to the same program - during the same period of time, should do so on a single form. All grievances should be filed within the ERC within one month of the conclusion of the internal (agency) process for grievance resolution. Persons may file a grievance while they are participates in or within 6 months of exiting a specific program (in accordance with above). The ERC encourages individuals to attempt to resolve issues with the agency's internal process prior to submitting the complaint. The ERC will not consider the same incident twice. If the ERC feels this process is being used improperly, it may skip Steps 2-5.

The decisions/recommendations of the ERC are final. Failure to provide essential information and/or generally pursue a grievance may result in the closure of the complaint by the ERC.

The committee will establish a monthly meeting schedule (to be cancelled if there are no items to address in that month). The committee will attempt to resolve issues within 60 days of receipt. Participants in this process may not unnecessarily delay the process.

Staffing:

Primary Staff: Darlene Price, Housing Resources Commission

Responsibilities: Accept Grievance Forms
Accept Provider Response Forms
Establishing Meetings (notices - materials, dates, times, locations)
Meeting Minutes
ERC Communications (to be signed by Chair)

Limitations:

The ERC is an independent, advisory group which can make recommendations to funders and provider agencies. Because shelter/service providers are independent agencies, the ERC cannot necessarily dictate changes to programs/policies. Funding agencies may, however, adjust current and/or future funding based upon the results of hearings, recommendations of the ERC and the provider's policies/practices.

Agencies are permitted to develop and implement their specific program procedures/policies. The ERC is not intended to review disagreements with these program policies. It is intended to review situations in which an individual was treated unfairly, not in accordance with agency contract agreements.

Consolidated Homeless Fund Policies by Program Type

Shelter & Housing Program Operation

Shelter and Housing Programs serve homeless individuals /families (according to HUD's definition, 24 CFR 576.2) and the earlier chart presented in this document (showing Program Types and acceptable prior living situations).

Households/persons served by these programs must lack a fixed, regular, and adequate nighttime residence, are unable to be served by other housing programs or resources, and have no other options for overnight shelter. CHF Providers shall exhaust all available options for diversion.

Within the Shelter & Housing Category, there are 3 major types of programs:

- Emergency Shelters & Domestic Violence Safe Homes
- Transitional Housing
- Housing First

Within each of these program types, eligible costs are limited to those casts associated with coordinating and maintaining an emergency shelter, transitional housing facility, and/or Housing First Program, including:

- Minor or Routine Repairs
- Rent (No support of mortgages)
- Utilities/Fuel
- Equipment, Furnishings & Other Supplies necessary for operation
- Insurance
- Food/Meals for Shelter Clients ONLY (cannot feed persons not enrolled/staying in program/shelter)
- Staffing associated with the operation of the shelter including:
 - Security
 - Intake & Eligibility Determination
 - Case Management
 - Triage
 - Coordination of services and shelter operations (Ensuring meals are distributed, donations, etc)
 - Other Social Services (limited to ONLY those described in this document under Essential Services).

Within these five programs are 2 major population concentrations:

- Families (with children under the age of 18)
- Individuals without Children (May include couples with no children)

The following policies and procedures for these housing/shelter programs **are divided between families and individuals (with each program type addressed therein).**

Program Type	Emergency Shelters/Safe Homes/Transitional Housing (Families)
Program Design	<p>Emergency Shelters/Safe Homes for Families are meant to be a temporary shelter for families with no other nighttime residence. Shelter beds and services are provided on an emergency basis and are intended to bridge families to better short/long term solutions including:</p> <ul style="list-style-type: none"> ▪ Location of permanent housing, ▪ Placement into transitional housing, ▪ Entry into IHSP, & ▪ Other more permanent housing options. <p>Emergency Shelters for Families differ from Transitional Housing which have fewer turnovers, longer lengths of stay, & are less responsive to emergency situations.</p>
Program Intent	<ul style="list-style-type: none"> > To shelter families with no other place to stay and provide/refer to basic needs and mainstream resources. > To provide programming to increase housing stability and address the needs/reasons the household entered shelter (life skills, budgeting, employment search assistance, etc). > To begin Housing Plan with client to help them transition to permanent housing (may work on getting IDs, getting on waitlists, etc).
Program Principles	<p>CHF Programs must provide humane care that preserves individual dignity of every man, woman and child who receives shelter and/or services. Program providers shall enable clients to have access to basic needs and reasonable security.</p> <p>Every enrolled family enrolled in a CHF Program has the right to:</p> <ul style="list-style-type: none"> ▪ Receive referrals to all applicable mainstream resources (including Food Assistance (SNAP), RiteCARE, WIC, etc); ▪ Be treated with dignity and compassion; & ▪ Have access to food, shelter, and other resources for survival.
Population	<p>Families served by Emergency Shelters must lack a fixed, regular, and adequate nighttime residence, are unable to be served by other housing programs or resources, and have no other options for overnight shelter.</p> <p>CHF Providers shall exhaust all available options for diversion.</p> <p>Families shall include any household with legal custody of at least one child under the age of 18. Families may include:</p> <ul style="list-style-type: none"> ▪ Single Parent Households (Male or female parent) ▪ Two Parent Households (Both Straight and/or LGBT Couples)

Eligibility Determination/ Anti-Discrimination	<ul style="list-style-type: none"> > All family shelters, transitional housing facilities, and other shelters that utilize a waitlist that are funded under this activity must participate in Statewide Family Shelter Hotline and Waitlist (operated by 211). > All family shelters, transitional housing facilities, and other shelters will target their services to the most vulnerable families on the waitlist. > CHF Providers are prohibited from using the age of a child (under 18) as a basis for denying any family's admission (including both male and female children). > CHF Providers are prohibited from using the gender of parent as a basis for denying any family's admission (including both male and female parents). <i>Waivers may be requested, contact the CHF Partnership for more information.</i> > CHF Providers shall follow all antidiscrimination policies and procedures in this manual.
Typical Length of Stay	<ul style="list-style-type: none"> > CHF Family Shelter Providers have a typical length of stay around 4-6 months.
Performance Measurements	<ul style="list-style-type: none"> > A minimum of 50% of clients that exit activities funded under CHF will exit to Permanent Housing. > No more than 10% of clients who exit activities funded under CHF will exit to Emergency Shelter. > The average length of stay shall be 6 months.
Minimally Services Provided	<ul style="list-style-type: none"> > Shelter > Case Management > Triage & Referrals to Mainstream Resources > Access to Meals and/or Meal Prep Facilities
Ineligible Activities	<ul style="list-style-type: none"> > Financial Assistance to/on behalf of clients is an ineligible expense (includes rental assistance). > Support of activities out of compliance with federal regulations and this manual. > All other activities listed as ineligible in this manual. > Staff recruitment/training

Program Type	Emergency Shelters /Transitional Housing (Individuals)
Program Design	<p>Emergency Shelters/Transitional Housing for Individuals are meant to be a temporary shelter for individuals with no other nighttime residence. Shelter beds and services are provided on an emergency basis and are intended to bridge clients to better short/long term solutions including:</p> <ul style="list-style-type: none"> ▪ Location of permanent housing, ▪ Placement into transitional housing, ▪ Entry into IHSP, & ▪ Other more permanent housing options. <p>Emergency Shelters for Individuals differ from Transitional Housing which have fewer turnovers, longer lengths of stay, & are less responsive to emergency situations.</p>
Program Intent	<ul style="list-style-type: none"> > To shelter individuals with no other place to stay and provide/refer to basic needs and mainstream resources. > To provide and/or refer to programming to increase housing stability and address the needs/reasons the household entered shelter (life skills, budgeting, employment search assistance, etc). > To begin Housing Plan with client to help them transition to permanent housing (may work on getting IDs, getting on waitlists, etc).
Program Principles	<p>CHF Programs must provide humane care that preserves individual dignity of every man, woman and child who receives shelter and/or services. Program providers shall enable clients to have access to basic needs and reasonable security.</p> <p>Every enrolled client enrolled in a CHF Program has the right to:</p> <ul style="list-style-type: none"> ▪ Receive referrals to all applicable mainstream resources (including Food Assistance (SNAP), SSI, SSDI, RiteCARE, WIC, etc); ▪ Be treated with dignity and compassion; & ▪ Have access to food, shelter, and other resources for survival.
Population	<p>Individuals served by Emergency Shelters must lack a fixed, regular, and adequate nighttime residence, are unable to be served by other housing programs or resources, and have no other options for overnight shelter.</p> <p>CHF Providers shall exhaust all available options for diversion.</p>
Eligibility Determination/ Anti-Discrimination	<ul style="list-style-type: none"> > CHF Providers are prohibited from using sexual orientation and/or gender identity a basis for denying admission. > CHF Providers shall follow all antidiscrimination policies and procedures in this manual.

Typical Length of Stay	<ul style="list-style-type: none"> > CHF Emergency Shelter Providers have a typical length of stay around 2-4 months. > CHF Transitional Housing Providers have a typical length of stay around 6-8 months.
Performance Measurements	<ul style="list-style-type: none"> > A minimum of 20% of clients that exit activities funded under this contract will exit to Permanent Housing. > No more than 25% of clients who exit activities funded under this contract will exit to Emergency Shelter. > No more than 15% of clients who exit activities funded under this contract will exit to Unknown Destinations. > The average length of stay shall be 6 months.
Minimally Services Provided	<ul style="list-style-type: none"> > Shelter > Triage & Referrals to Mainstream Resources
Ineligible Activities	<ul style="list-style-type: none"> > Financial Assistance to/on behalf of clients is an ineligible expense (includes rental assistance). > Support of activities out of compliance with federal regulations and this manual. > All other activities listed as ineligible in this manual. > Staff recruitment/training

Program Type	Operation First Step: Return Home (<i>Newly Homeless</i>)
Program Design	<p>“Operation First Step: Return Home” is meant to be a temporary shelter for newly homeless individuals/couples, providing intensive case management and services in smaller community based shelters.</p> <p>“OFS-RH” is different from other Emergency shelters, which have higher turnovers, shorter lengths of stay, & are more responsive to emergency situations. The goal of First Step programs is to create a supportive home-like environment that will better enable a client to transition to permanent housing and other community services.</p>
Program Intent	<ul style="list-style-type: none"> > To shelter newly homeless individuals and/or couples with no other place to stay and provide/refer to basic needs and mainstream resources. > To provide intensive case management to increase housing stability and address the needs/reasons the household entered shelter (life skills, budgeting, employment search assistance, etc). > To begin Housing Plan with client to help them transition to permanent housing (may work on getting IDs, getting on waitlists, etc).
Program Principles	<p>CHF Programs must provide humane care that preserves individual dignity of every man, woman and child who receives shelter and/or services. Program providers shall enable clients to have access to basic needs and reasonable security.</p> <p>Every enrolled client enrolled in a CHF Program has the right to:</p> <ul style="list-style-type: none"> ▪ Receive referrals to all applicable mainstream resources (including Food Assistance (SNAP), SSI, SSDI, RiteCARE, WIC, etc); ▪ Be treated with dignity and compassion; & ▪ Have access to food, shelter, and other resources for survival.
Population	<p>Individuals/Couples served by Emergency Shelters must:</p> <ul style="list-style-type: none"> ▪ Lack a fixed, regular, and adequate nighttime residence, are unable to be served by other permanent housing programs or resources, and have no other options for overnight shelter. ▪ Be living in an emergency shelter and/or on the street <p>AND</p> <p>Meet the definition of newly homeless, which is limited to:</p> <ul style="list-style-type: none"> ○ First Time Homeless Clients (New to shelter and/or Street) ○ Recent Discharge from Institution (Prison, Hospital, etc) ○ Recent Discharge from Detox and/or Sober Living Environment

Eligibility Determination/ Anti-Discrimination	<ul style="list-style-type: none"> > CHF Providers are prohibited from using sexual orientation and/or gender identity a basis for denying admission. > CHF Providers shall follow all antidiscrimination policies and procedures in this manual.
Typical Length of Stay	<ul style="list-style-type: none"> > “Operation First Step: Return Home” Providers have a typical length of stay around 3-4 months.
Performance Measurements	<ul style="list-style-type: none"> > A minimum of 50% of clients that exit activities funded under this contract will exit to Permanent Housing. > No more than 15% of clients who exit activities funded under this contract will exit to Emergency Shelter. > The average length of stay shall be 4 months.
Minimally Services Provided	<ul style="list-style-type: none"> > Shelter > Intensive Case Management > Triage & Referrals to Mainstream Resources > Access to Meals and/or Meal Prep Facilities
Ineligible Activities	<ul style="list-style-type: none"> > Financial Assistance to/on behalf of clients is an ineligible expense (includes rental assistance). > Support of activities out of compliance with federal regulations and this manual. > All other activities listed as ineligible in this manual. > Staff recruitment/training

Program Type	Operation First Step: Almost Home (<i>Medium – Long Term Homeless</i>)
Program Design	<p>“Operation First Step: Almost Home” is meant to be a temporary shelter for medium – long term homeless individuals and couples, who may have high barriers to accessing permanent housing and/or need additional supportive services to transition out of shelter.</p> <p>“OFS-AH” provides intensive case management and services in smaller community based shelters, while targeting ONE or MORE of the following homeless populations:</p> <ul style="list-style-type: none"> • Lesbian, Gay, Bisexual, and/or Transgender clients • Clients with a History of Substance Abuse • Clients with a History of Incarceration • Clients with a History of Mental Health Issues • Clients ages 18-25 (Youth) <p>“OFS-AH” is different from other Emergency shelters, which have higher turnovers, shorter lengths of stay, & are more responsive to emergency situations. The goal of First Step programs is to create a supportive home-like environment that will better enable a client to transition to permanent housing and other community services.</p>
Program Intent	<ul style="list-style-type: none"> > To shelter homeless individuals and/or couples with no other place to stay and provide/refer to basic needs and mainstream resources. > To provide intensive case management to increase housing stability and address the needs/reasons the household entered shelter (life skills, budgeting, employment search assistance, etc). > To begin Housing Plan with client to help them transition to permanent housing (may work on getting IDs, getting on waitlists, etc).
Program Principles	<p>CHF Programs must provide humane care that preserves individual dignity of every man, woman and child who receives shelter and/or services. Program providers shall enable clients to have access to basic needs and reasonable security.</p> <p>Every enrolled client enrolled in a CHF Program has the right to:</p> <ul style="list-style-type: none"> ▪ Receive referrals to all applicable mainstream resources (including Food Assistance (SNAP), SSI, SSDI, RiteCARE, WIC, etc); ▪ Be treated with dignity and compassion; & ▪ Have access to food, shelter, and other resources for survival.
Population	<p>Individuals/Couples served by Emergency Shelters must:</p> <ul style="list-style-type: none"> ▪ Lack a fixed, regular, and adequate nighttime residence, are unable to be served by other permanent housing programs or resources, and have no other options

	<p>for overnight shelter.</p> <ul style="list-style-type: none"> ▪ Be living in an emergency shelter and/or on the street <p>AND</p> <p>Meet the targeting criteria of the OFS-Almost Home provider, including, but not limited to:</p> <ul style="list-style-type: none"> ○ Lesbian, Gay, Bisexual, and/or Transgender clients ○ Clients with a History of Substance Abuse ○ Clients with a History of Incarceration ○ Clients with a History of Mental Health Issues ○ Clients ages 18-25 (Youth)
Eligibility Determination/ Anti-Discrimination	<ul style="list-style-type: none"> > CHF Providers are prohibited from using sexual orientation and/or gender identity a basis for denying admission. > CHF Providers shall follow all antidiscrimination policies and procedures in this manual.
Typical Length of Stay	<ul style="list-style-type: none"> > “Operation First Step: Almost Home” Providers have a typical length of stay around 4-8 months.
Performance Measurements	<ul style="list-style-type: none"> > A minimum of 50% of clients that exit activities funded under this contract will exit to Permanent Housing. > No more than 15% of clients who exit activities funded under this contract will exit to Emergency Shelter. > The average length of stay shall be 6 months.
Minimally Services Provided	<ul style="list-style-type: none"> > Shelter > Intensive Case Management > Triage & Referrals to Mainstream Resources > Access to Meals and/or Meal Prep Facilities
Ineligible Activities	<ul style="list-style-type: none"> > Financial Assistance to/on behalf of clients is an ineligible expense (includes rental assistance). > Support of activities out of compliance with federal regulations and this manual. > All other activities listed as ineligible in this manual. > Staff recruitment/training

Program Type	Housing First (<i>Individuals & Families</i>)
Program Design	<p>Housing First is permanent supportive housing program that centers on providing homeless people with permanent housing quickly and then providing services as needed.</p> <p>What differentiates a Housing First approach from other strategies is that there is an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing. Housing First programs:</p> <ul style="list-style-type: none"> ▪ Focus on helping individuals and families access and sustain rental housing <i>as</i> quickly as possible and the housing is not time-limited; ▪ Offer A variety of services are delivered primarily following a housing placement to promote housing stability and individual well-being; ▪ Provide housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help them do so successfully.
Program Intent	<p>> To permanently house homeless individuals and/or families with no other place to stay and provide supportive services as needed.</p>
Program Principles	<p>CHF Programs must provide humane care that preserves individual dignity of every man, woman and child who receives shelter and/or services. Program providers shall enable clients to have access to basic needs and reasonable security. Every enrolled client enrolled in a CHF Program has the right to:</p> <ul style="list-style-type: none"> ▪ Receive referrals to all applicable mainstream resources (including Food Assistance (SNAP), SSI, SSDI, RiteCARE, WIC, etc); ▪ Be treated with dignity and compassion; & ▪ Have access to food, shelter, and other resources for survival.
Population	<p>Individuals/Couples served by Emergency Shelters must:</p> <ul style="list-style-type: none"> ▪ Lack a fixed, regular, and adequate nighttime residence, are unable to be served by other permanent housing programs or resources, and have no other options for housing. ▪ Have previously lived in an emergency shelter and/or on the street & meet the Housing First Program’s other applicable requirements.
Eligibility Determination/ Anti-Discrimination	<p>> CHF Providers are prohibited from using sexual orientation and/or gender identity a basis for denying admission.</p> <p>> CHF Providers shall follow all antidiscrimination policies and procedures in this manual.</p>

Performance Measurements	<ul style="list-style-type: none"> > A minimum of 50% of clients that exit activities funded under this contract will exit to Permanent Housing. > No more than 15% of clients who exit activities funded under this contract will exit to Emergency Shelter.
Minimally Services Provided	<ul style="list-style-type: none"> > Shelter > Supportive Services > Triage & Referrals to Mainstream Resources > Access to Meals and/or Meal Prep Facilities
Ineligible Activities	<ul style="list-style-type: none"> > Support of activities out of compliance with federal regulations and this manual. > Staff recruitment/training > All other activities listed as ineligible in this manual.

Essential Services

Essential Service Activities serve homeless individuals /families (according to HUD's definition, 24 CFR 576.2) and the earlier chart presented in this document (showing Program Types and acceptable prior living situations).

Households/persons served by these programs must lack a fixed, regular, and adequate nighttime residence, are unable to be served by other housing programs or resources. CHF Providers shall exhaust all available options for diversion.

- Essential services shall address the immediate needs of the homeless, helping them to become more independent and secure permanent housing.
- Essential services for homeless persons may also be operated in or provided by shelters, day centers, or meal sites that are designed to serve predominantly homeless persons.

The provision of essential services related excludes the following items:

- Any cost not directly associated with the supported activity.
- Advocacy, planning, and organizational capacity building
- Staff recruitment/training
- Any activities not detailed in the following pages are assumed to be ineligible.

The provision of essential services related to emergency shelter or street outreach is limited to ONLY the following activities:

- **Case Management** - The cost of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant is eligible. Component services and activities consist of:
 - Using the centralized or coordinated assessment system
 - Conducting the initial evaluation required under, including verifying and documenting eligibility;
 - Counseling;
 - Developing, securing, and coordinating services and obtaining benefits on behalf of clients;
 - Monitoring and evaluating program participant progress;
 - Providing information and referrals to other providers;
 - Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and
 - Developing an individualized housing and services.
- **Child Care** - The costs of child care for program participants, including providing meals and snacks, and comprehensive and coordinated sets of appropriate developmental activities, are eligible. The children must be under the age of 13, unless they are disabled. Disabled children must be under the age of 18. The child-care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible.

- **Education Services** - When necessary for the program participant to obtain and maintain housing, the costs of improving knowledge and basic educational skills are eligible. Services include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language, and General Educational Development (GED).

Component services or activities are screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; and referral to community resources.

- **Emergency Health Services (Street Outreach ONLY)** – Eligible costs are for the direct outpatient treatment of medical conditions and are provided by licensed medical professionals operating in community based settings, including streets, parks, and other places where unsheltered homeless people are living. Funds may be used only for these services to the extent that other appropriate health services are inaccessible or unavailable within the area. Eligible treatment consists of:
 - Assessing a program participant’s health problems and developing a treatment plan;
 - Assisting program participants to understand their health needs;
 - Providing directly or assisting program participants to obtain appropriate emergency medical treatment; and
 - Providing medication and follow-up services.
- **Employment Assistance and Job Training** – The costs of employment assistance and job training programs are eligible, including classroom, online, and/or computer instruction; on the job instruction; and services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential. The cost of providing reasonable stipends to program participants in employment assistance and job training programs is an eligible cost. Learning skills include those skills that can be used to secure and retain a job, including the acquisition of vocational licenses and/or certificates.

Services that assist individuals in securing employment consist of employment screening, assessment, or testing; structured job skills and job-seeking skills; special training and tutoring, including literacy training and prevocational training; books and instructional material; counseling or job coaching; and referral to community resources.

- **Street Outreach and Engagement** – The costs of activities to locate, identify, and build relationships with unsheltered homeless people and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs.

These activities consist of making an initial assessment of needs and eligibility; providing crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; and actively connecting and providing information and referrals to programs targeted to homeless people and mainstream social services and housing programs, including emergency shelter, transitional housing, community-based services, permanent supportive housing, and rapid re-housing programs. Eligible costs include the cell phone costs of outreach workers during the performance of these activities.

All providers funded under the Street Outreach activity will provide services to any unsheltered persons that desire to be engaged and provided services. When able, outreach workers shall target services and resources to those with perceived mental and/or physical health issues, so as to improve their access to resources that will improve the clients' safety and wellbeing.

In order to improve service delivery to those who are unsheltered, the CHF Partnership will host periodic outreach-worker workshops. Topics are to include: case conferencing, trainings, resource sharing, etc.

- **Legal Services** – Eligible costs are the hourly fees for legal advice and representation by attorneys licensed and in good standing with the bar association of the State in which the services are provided, and by person(s) under the supervision of the licensed attorney, regarding matters that interfere with the program participant's ability to obtain and retain housing. Funds may be used only for these services to the extent that other appropriate legal services are unavailable or inaccessible within the community. Eligible subject matters include:
 - Child support,
 - Guardianship,
 - Paternity,
 - Emancipation,
 - Legal separation,
 - Orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking,
 - Appeal of veterans and public benefit claim denials, &
 - Resolution of outstanding criminal warrants.

Component services or activities may include client intake, preparation of cases for trial, provision of legal advice, representation at hearings, and counseling. Fees based on the actual service performed (i.e., fee for service) are also eligible, but only if the cost would be less than the cost of hourly fees. Filing fees and other necessary court costs are also eligible. If the agency is a legal services provider and performs the services itself, the eligible costs are the employees' salaries and other costs necessary to perform the services.

Legal services for immigration and citizenship matters and issues relating to mortgages are ineligible costs. Retainer fee arrangements and contingency fee arrangements are ineligible costs.

- **Life Skills Training** – The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance use, and homelessness are eligible costs. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are budgeting resources, managing money, managing a household, resolving conflict, shopping for food and needed items, improving nutrition, using public transportation, and parenting.

- **Mental Health Services** – Eligible costs are the direct outpatient treatment by licensed professionals of mental health conditions. Funds may only be used for these services to the extent that other appropriate mental health services are unavailable or inaccessible within the community. Mental health services are the application of therapeutic processes to personal, family, situational, or occupational problems in order to bring about positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or symptom management. Eligible treatment consists of crisis interventions; individual, family, or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.
- **Outpatient Health Services** – Eligible costs are for the direct outpatient treatment of medical conditions and are provided by licensed medical professionals. Funds may be used only for these services to the extent that other appropriate health services are unavailable within the community. Eligible treatment consists of:
 - Assessing a program participant’s health problems and developing a treatment plan;
 - Assisting program participants to understand their health needs;
 - Providing directly or assisting program participants to obtain appropriate medical treatment, preventive medical care, and health maintenance services, including emergency medical services;
 - Providing medication and follow-up services; and
 - Providing preventive and non-cosmetic dental care.
- **Substance Abuse Treatment Services** – Eligible substance abuse treatment services are designed to prevent, reduce, eliminate, or deter relapse of substance abuse or addictive behaviors and are provided by licensed or certified professionals. Funds may only be used for these services to the extent that other appropriate substance abuse treatment services are unavailable or inaccessible within the community.

 Eligible treatment consists of client intake and assessment, and outpatient treatment for up to 30 days. Group and individual counseling and drug testing are eligible costs. Inpatient detoxification and other inpatient drug or alcohol treatment are not eligible costs.
- **Transportation** – Eligible costs consist of the transportation costs of a program participant’s travel to and from medical care, employment, child care, or other eligible essential services facilities. These costs include the following:
 - The cost of a program participant’s travel on public transportation;
 - If service workers use their own vehicles, mileage allowance for service workers to visit program participants;
 - The cost of purchasing or leasing a vehicle for the recipient or subrecipient in which staff transports program participants and/or staff serving program participants, and the cost of gas, insurance, taxes, and maintenance for the vehicle; and
 - The travel costs of subrecipient staff to accompany or assist program participants to use public transportation.

Intensive Housing Stabilization Program

The provision of emergency services to help individuals and families that are at risk-of homelessness or currently homeless to quickly stabilize their housing situation and transition to permanent housing. Refer to the IHSP manual for information on the operation of this program.

Consolidated Homeless Fund

APPENDIX

Forms

For a list of all current forms, visit CHFPartnership.org .